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PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**

A080 US

**First Named Inventor**

Browning

**COMPLETE IF KNOWN**

**Application Number**

10/077,137

**Filing Date**

February 15, 2002

**Group Art Unit**

**Examiner Name**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Baff Receptor (BCMA), An Immunoregulatory Agent

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

February 15, 2002

as United States Application Number or PCT International

(if applicable).

Application Number

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and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application  
Number(s)**

**Country**

**Foreign Filing Date  
(MM/DD/YYYY)**

**Priority  
Not Claimed**

**Certified Copy Attached?  
YES NO**

PCT/US00/22507

PCT

08/16/2000

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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

**Application Number(s)**

**Filing Date (MM/DD/YYYY)**

60/149,378

08/17/1999

60/181,684

02/11/2000

60/183,536

02/18/2000

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[Page 1 of 2]

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Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

Fax (617) 679-2838

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NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Browning  
(first and middle [if any])

Family Name Jeffrey  
or Surname

Inventor's  
Signature

*Jeffrey Browning*

Date 4/29/02

Residence: City Brookline

State MA

Country 02146

Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Ambrose  
(first and middle [if any])

Family Name Christine  
or Surname

Inventor's  
Signature

*Christine Ambrose*

Date 4/29/02

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

City Reading

State MA

ZIP 01867

Country US

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (3-97)  
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MacKay				Fabienne			
Inventor's Signature				Date			
Residence: City	Vaocluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vaocluse	State	NSW	ZIP	2030	Country	AU
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Tschopp				Jurg			
Inventor's Signature				Date			
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10 chemin des Fontannins						
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Schneider				Pascal			
Inventor's Signature				Date			
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

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Name of Additional Joint Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Thompson

Jeffrey

Inventor's  
Signature

*Jeffrey Thompson*

4/29/02  
Date

Residence: City

Stoneham

State

MA

Country

02180

Citizenship

US

Post Office Address

60 Newcomb Road

Post Office Address

City

Stoneham

State

MA

ZIP

02180

Country

02180

Name of Additional Joint Inventor, If any:

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Given Name (first and middle (if any))

Family Name or Surname

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Date

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US00/22507	PCT	08/16/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

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NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Browning  
(first and middle [if any])

Family Name Jeffrey  
or Surname

Inventor's  
Signature

Date

Residence: City Brookline

State MA

Country 02146

Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Ambrose  
(first and middle [if any])

Family Name Christine  
or Surname

Inventor's  
Signature

Date

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

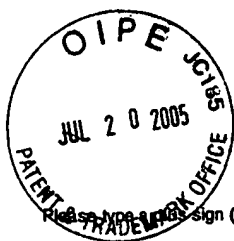
City Reading

State MA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page ____ of ____
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MacKay				Fabienne			
Inventor's Signature	F. Mackey			04/31/2002		Date	
Residence: City	Vauluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vauluse	State	NSW	ZIP	2030	Country	AU
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Tschopp				Jurg			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
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Schneider				Pascal			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
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Post Office Address							
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Given Name (first and middle [if any])				Family Name or Surname			
Thompson				Jeffrey			
Inventor's Signature				Date			
Residence: City	Stonham	State	MA	Country	02180	Citizenship	US
Post Office Address	60 Newcomb Road						
Post Office Address							
City	Stoneham	State	MA	ZIP	02180	Country	02180
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or Bar Code Label

OR ☒

Correspondence address below

Name

Timothy P. Linkkila

Address

BIOGEN, INC.

Address

14 Cambridge Center

City

Cambridge

State

MA

ZIP

02142

Country

USA

Telephone

(617) 679-3795

Fax

(617) 679-2838

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Given Name Browning  
(first and middle [if any])

Family Name  
or Surname

Jeffrey

Inventor's  
Signature

Date

Residence: City

Brookline

State

MA

Country

02146

Citizenship

US

Mailing Address

32 Milton Road

Mailing Address

City

Brookline

State

MA

ZIP

02146

Country

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Ambrose  
(first and middle [if any])

Family Name  
or Surname

Christine

Inventor's  
Signature

Date

Residence: City

Reading

State

MA

Country

US

Citizenship

US

Mailing Address

197 Wakefield Street

Mailing Address

City

Reading

State

MA

ZIP

01867

Country

US

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

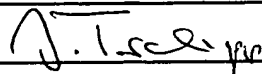
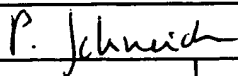


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Given Name (first and middle [if any])				Family Name or Surname			
Tschopp				Jurg			
Inventor's Signature						Date	May 1 <sup>st</sup> 2002
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10 chemin des Fontannins						
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Schneider				Pascal			
Inventor's Signature						Date	May 1 2002
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Thompson

Jeffrey

Inventor's  
Signature

Date

Residence: City

Stoneham

State

MA

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Citizenship

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Post Office Address

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City

Stoneham

State

MA

ZIP

02180

Country

02180

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

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Signature

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